

**OVERSEAS LIVING PATTERN SURVEY  
FOR UNIFORMED SERVICES COST OF LIVING ALLOWANCES (COLA)  
U. S. DEPARTMENT OF DEFENSE**

**Purpose of the survey**

The Cost-of-Living Allowance (COLA) is paid to Service members stationed in high cost overseas locations. COLA helps to maintain purchasing power so members can purchase about the same level of goods and services overseas as in the United States. This survey is designed to identify where and how you purchase goods and services. The information obtained from this survey is used in planning and completing a separate Retail Price Report that forms the basis for prescribing your COLA.

**Time to complete**

Please take about 30 minutes to complete this survey.

Please answer all of the questions. If you do not purchase a particular item, select the box that says "Not purchased" or "Not applicable." All of the requested information is necessary to compute a cost-of-living index for your location.

**Who should report?**

You should complete this form if you are a Service member who is assigned to and has lived at this location for 3 months or more.

If you have not lived at this location for at least 3 months, or if you live in barracks, dormitory or aboard ship DO NOT COMPLETE THE SURVEY. Fill in Part I, General Information, and return this file to your designated Point of Contact.

**PART I. GENERAL INFORMATION**

1. Country and Duty Station
2. Date
3. Branch of Service
4. DoD Agency or Command
5. Pay Grade
6. Number of family members living with you
7. Months at this duty station
8. On-base or Off-base Housing
9. Survey number

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**PART II. LOCAL RETAIL OUTLET PURCHASES**

**Instructions:**

- \* In this section, list the two *local retail outlets* that you and your family use most frequently for each of the following consumer goods and services.
- \* **Do not report any military facilities or any other U.S. government operated facilities.**
- \* If you do not purchase a product, check the "Not purchased" box.

Products	<i>For each product listed below, enter the names and addresses of two retail outlets most frequently used by your family at your overseas location.</i>	
	Primary Local Outlet Name and Location	Secondary Local Outlet Name and Location
<p><b>EXAMPLE:</b></p> <p><b>I. Meat and Dairy Products</b> Meats (beef, pork, lamb)</p> <p style="text-align: right;">Not Purchased <input type="checkbox"/></p>	<p><i>ABC Market</i></p> <p>-----</p> <p><i>Athens, Greece</i></p>	<p><i>Spyropilis Super Market</i></p> <p>-----</p> <p><i>Athens Greece</i></p>
<p><b>I. Meat and Dairy Products</b> Meats (beef, pork, lamb)</p> <p style="text-align: right;">Not Purchased <input type="checkbox"/></p>	<p>-----</p>	<p>-----</p>
<p>Seafood</p> <p style="text-align: right;">Not Purchased <input type="checkbox"/></p>	<p>-----</p>	<p>-----</p>
<p>Poultry</p> <p style="text-align: right;">Not Purchased <input type="checkbox"/></p>	<p>-----</p>	<p>-----</p>
<p>Dairy products</p> <p style="text-align: right;">Not Purchased <input type="checkbox"/></p>	<p>-----</p>	<p>-----</p>
<p><b>II. Groceries</b> Groceries (including cereal, bread, and soft drinks)</p> <p style="text-align: right;">Not Purchased <input type="checkbox"/></p>	<p>-----</p>	<p>-----</p>
<p><b>III. Tobacco and Alcohol</b> Cigarettes</p> <p style="text-align: right;">Not Purchased <input type="checkbox"/></p>	<p>-----</p>	<p>-----</p>
<p>Alcoholic beverages</p> <p style="text-align: right;">Not Purchased <input type="checkbox"/></p>	<p>-----</p>	<p>-----</p>
<p><b>IV. Fruits and Vegetables</b> Fresh fruits, vegetables</p> <p style="text-align: right;">Not Purchased <input type="checkbox"/></p>	<p>-----</p>	<p>-----</p>

**PART II. LOCAL RETAIL OUTLET PURCHASES - Continued**

Products	<i>For each product listed below, enter the names and addresses of two retail outlets most frequently used by your family.</i>	
	Local Primary Outlet Name and Location	Local Secondary Outlet Name and Location
Frozen fruits, vegetables Not Purchased <input type="checkbox"/>	-----	-----
Canned fruits, vegetables Not Purchased <input type="checkbox"/>	-----	-----
<b>V. Clothing</b> Men's clothing Not Purchased <input type="checkbox"/>	-----	-----
Women's clothing Not Purchased <input type="checkbox"/>	-----	-----
Children's clothing Not Purchased <input type="checkbox"/>	-----	-----
<b>VI. Personal Care Items</b> Toiletries (including toothpaste and shampoo) Not Purchased <input type="checkbox"/>	-----	-----
Dry cleaning Not Purchased <input type="checkbox"/>	-----	-----
Hair services Not Purchased <input type="checkbox"/>	-----	-----
<b>VII. Household Goods</b> Household appliances (including microwave, toaster, and coffee maker) Not Purchased <input type="checkbox"/>	-----	-----
Housekeeping supplies (including detergent, toilet paper, and diapers) Not Purchased <input type="checkbox"/>	-----	-----

**PART II. LOCAL RETAIL OUTLET PURCHASES - Continued**

Products	<i>For each product listed below, enter the names and addresses of two retail outlets used most frequently by your family.</i>	
	Local Primary Outlet Name and Location	Local Secondary Outlet Name and Location
Major appliances (including washing machine) Not Purchased <input type="checkbox"/>	-----	-----
<b>VIII. Phone services</b> Telephone, local Not Purchased <input type="checkbox"/>	-----	-----
Telephone, long distance Not Purchased <input type="checkbox"/>	-----	-----
Internet service provider (e.g. America On-Line, Prodigy) Not Purchased <input type="checkbox"/>	-----	-----
<b>IX. Medical</b> Non-prescription drugs Not Purchased <input type="checkbox"/>	-----	-----
Doctor Not Purchased <input type="checkbox"/>	-----	-----
Dentist Not Purchased <input type="checkbox"/>	-----	-----
Hospital Not Purchased <input type="checkbox"/>	-----	-----
<b>X. Entertainment</b> Audiovisual supplies (including VCRs, video tapes, CDs) Not Purchased <input type="checkbox"/>	-----	-----
Photographic supplies (including film & development) Not Purchased <input type="checkbox"/>	-----	-----
Reading materials (including newspapers and books) Not Purchased <input type="checkbox"/>	-----	-----

**PART II. LOCAL RETAIL OUTLET PURCHASES - Continued**

Products	<i>For each product listed below, enter the names and addresses of two retail outlets used most frequently by your family.</i>	
	Local Primary Outlet Name and Location	Local Secondary Outlet Name and Location
Recreational equipment (including bicycles) Not Purchased <input type="checkbox"/>	-----	-----
Recreational activities a. Movie theater Not Purchased <input type="checkbox"/>	-----	-----
b. Professional performing arts (including plays, ballets, and operas) Not Purchased <input type="checkbox"/>	-----	-----
c. Professional sporting events Not Purchased <input type="checkbox"/>	-----	-----
<b>XI. Personally Owned Vehicle</b> Auto maintenance (including oil change & tune-up) Not Purchased <input type="checkbox"/>	-----	-----
Gasoline (without coupons) Not Purchased <input type="checkbox"/>	-----	-----
Auto tires Not Purchased <input type="checkbox"/>	-----	-----
Auto Insurance Not Purchased <input type="checkbox"/>	-----	-----
<b>XII. Restaurants</b> Lunch Not Purchased <input type="checkbox"/>	-----	-----
Dinner Not Purchased <input type="checkbox"/>	-----	-----
<b>XIII. Daycare</b> Daycare (excluding pre-school) Not Purchased <input type="checkbox"/>	-----	-----

**PART III. SOURCES OF SUPPLY OF GOODS AND SERVICES**

In this section, please report where you have purchased goods and services since your arrival at this duty station.

Base your estimates on the percentage of the total volume that you buy from each source, not the total cost.

Check the N/A box for any items that you do not purchase.

The sources of supply are defined below:

- \* **Local Market:** Purchases from outlets in the local economy.
- \* **Military Commissary/Exchange:** Purchases made on the local base.
- \* **Supplies Brought to Duty Station:** Items purchased in the U.S. specifically for this assignment and brought with you to this duty station.
- \* **Catalogs/mail orders/export companies:** Purchases made from catalogs, the internet, or export houses such as Denmark/Peter Justesen.
- \* **Other:** Purchases made from other overseas installations

Goods and Services	Sources of Supply					Total
	Local Market (1)	Military Commissary/Exchange (2)	Supplies Brought to Duty Station (3)	Catalogs/mail orders/export companies (4)	Other (5)	
Meats N/A <input type="checkbox"/>	%	%	%	%	%	100%
Seafood N/A <input type="checkbox"/>	%	%	%	%	%	100%
Poultry N/A <input type="checkbox"/>	%	%	%	%	%	100%
Dairy products N/A <input type="checkbox"/>	%	%	%	%	%	100%
Groceries N/A <input type="checkbox"/>	%	%	%	%	%	100%
Cigarettes N/A <input type="checkbox"/>	%	%	%	%	%	100%
Alcoholic beverages N/A <input type="checkbox"/>	%	%	%	%	%	100%
Fresh fruits, vegetables N/A <input type="checkbox"/>	%	%	%	%	%	100%
Frozen fruits, vegetables N/A <input type="checkbox"/>	%	%	%	%	%	100%
Canned fruits, vegetables N/A <input type="checkbox"/>	%	%	%	%	%	100%
Men's clothing N/A <input type="checkbox"/>	%	%	%	%	%	100%
Women's clothing N/A <input type="checkbox"/>	%	%	%	%	%	100%
Children's clothing N/A <input type="checkbox"/>	%	%	%	%	%	100%
Toiletries N/A <input type="checkbox"/>	%	%	%	%	%	100%
Household appliances N/A <input type="checkbox"/>	%	%	%	%	%	100%
Household supplies N/A <input type="checkbox"/>	%	%	%	%	%	100%
Medicine N/A <input type="checkbox"/>	%	%	%	%	%	100%
Audiovisual supplies N/A <input type="checkbox"/>	%	%	%	%	%	100%

**PART III. SOURCES OF SUPPLY OF GOODS AND SERVICES - Continued**

Goods and Services	Sources of Supply					Total
	Local Market (1)	Military Commissary/ Exchange (2)	Supplies Brought to Base (3)	Catalogs/mail orders/export companies (4)	Other (5)	
Photographic supplies N/A <input type="checkbox"/>	%	%	%	%	%	100%
Reading materials N/A <input type="checkbox"/>	%	%	%	%	%	100%
Recreational equipment N/A <input type="checkbox"/>	%	%	%	%	%	100%
Auto tires N/A <input type="checkbox"/>	%	%	%	%	%	100%
Gasoline (enter coupon use in column 2) N/A <input type="checkbox"/>	%	%			%	100%
Dry Cleaning N/A <input type="checkbox"/>	%	%			%	100%
Hair services, Men's N/A <input type="checkbox"/>	%	%			%	100%
Hair services, Women's N/A <input type="checkbox"/>	%	%			%	100%
Hair services, Children's N/A <input type="checkbox"/>	%	%			%	100%
Movie theater N/A <input type="checkbox"/>	%	%			%	100%
Auto maintenance (including oil change & tune up) N/A <input type="checkbox"/>	%	%			%	100%
Daycare N/A <input type="checkbox"/>	%	%			%	100%

If you reported purchasing products from catalogs, mail orders, the internet, export companies, or other sources, complete the following. Otherwise skip to Part IV. List your most important suppliers from the following sources:

U.S. catalogs, internet, mail orders	Export Companies	Other overseas installations

**PART IV. HOUSEHOLD HELP**

If you employ household help, complete the following question. Otherwise, skip to Part V.

Type of household help	Hours worked	Hourly wages in local currency	Social Security tax	Other expenses (specify)
Maid				
Cook				
Day Worker (gardener)				

Household help necessary for:

<input type="checkbox"/> Security	<input type="checkbox"/> Extra cleaning/laundry due to climate
<input type="checkbox"/> Language Difficulties	<input type="checkbox"/> Other (please specify below)
<input type="checkbox"/> Shopping/Food Preparation	

## PART V. RELATIVE USE OF GOODS AND SERVICES

1. Based on volume (not cost), approximate the proportion of the following goods used in preparing meals at home.

<u>FRUITS</u>		<u>VEGETABLES</u>		<u>MILK</u>		<u>MEATS/FISH</u>	
Fresh	_____%	Fresh	_____%	Fresh	_____%	Beef/Veal	_____%
Canned	_____%	Canned	_____%	Dried	_____%	Pork	_____%
<b>Total</b>	<b>100 %</b>	Frozen	_____%	<b>Total</b>	<b>100 %</b>	Lamb	_____%
		<b>Total</b>	<b>100 %</b>			Seafood	_____%
						Poultry	_____%
						<b>Total</b>	<b>100 %</b>

2. Estimate your family's use of transportation:

Personally owned vehicle	_____%
Government transportation	_____%
Taxi	_____%
Municipal bus	_____%
Subway/Commuter Train	_____%
<b>Total</b>	<b>100%</b>

3. Estimate your family's use of meal facilities:

	Breakfast	Lunch	Dinner
Local Restaurant	_____%	_____%	_____%
On-Base Restaurant	_____%	_____%	_____%
Home	_____%	_____%	_____%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**PART VI. REMARKS** Please use this section to briefly describe any other unusual cost-of-living expenses for your household that were not already covered in this report. Do not address concerns about housing, utilities, and other housing related costs. This information is collected in a separate survey.

**PART III. SOURCES OF SUPPLY OF GOODS AND SERVICES**

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	Local Market (1)	Military Commissary/ Exchange (2)	Supplies Brought to Duty Station (3)	Catalogs/mail orders/export companies (4)	Other (5)	
Meats N/A <input type="checkbox"/>	%	%	%	%	%	100%
Seafood N/A <input type="checkbox"/>	%	%	%	%	%	100%
Poultry N/A <input type="checkbox"/>	%	%	%	%	%	100%
Dairy products N/A <input type="checkbox"/>	%	%	%	%	%	100%
Groceries N/A <input type="checkbox"/>	%	%	%	%	%	100%
Cigarettes N/A <input type="checkbox"/>	%	%	%	%	%	100%
Alcoholic beverages N/A <input type="checkbox"/>	%	%	%	%	%	100%
Fresh fruits, vegetables N/A <input type="checkbox"/>	%	%	%	%	%	100%
Frozen fruits, vegetables N/A <input type="checkbox"/>	%	%	%	%	%	100%
Canned fruits, vegetables N/A <input type="checkbox"/>	%	%	%	%	%	100%
Men's clothing N/A <input type="checkbox"/>	%	%	%	%	%	100%
Women's clothing N/A <input type="checkbox"/>	%	%	%	%	%	100%
Children's clothing N/A <input type="checkbox"/>	%	%	%	%	%	100%
Toiletries N/A <input type="checkbox"/>	%	%	%	%	%	100%
Household appliances N/A <input type="checkbox"/>	%	%	%	%	%	100%
Household supplies N/A <input type="checkbox"/>	%	%	%	%	%	100%
Medicine N/A <input type="checkbox"/>	%	%	%	%	%	100%
Audiovisual supplies N/A <input type="checkbox"/>	%	%	%	%	%	100%

**PART III. SOURCES OF SUPPLY OF GOODS AND SERVICES - Continued**

Goods and Services	Sources of Supply					Total
	Local Market (1)	Military Commissary/ Exchange (2)	Supplies Brought to Base (3)	Catalogs/mail orders/export companies (4)	Other (5)	
Photographic supplies N/A <input type="checkbox"/>	%	%	%	%	%	100%
Reading materials N/A <input type="checkbox"/>	%	%	%	%	%	100%
Recreational equipment N/A <input type="checkbox"/>	%	%	%	%	%	100%
Auto tires N/A <input type="checkbox"/>	%	%	%	%	%	100%
Gasoline (enter coupon use in column 2) N/A <input type="checkbox"/>	%	%			%	100%
Dry Cleaning N/A <input type="checkbox"/>	%	%			%	100%
Hair services, Men's N/A <input type="checkbox"/>	%	%			%	100%
Hair services, Women's N/A <input type="checkbox"/>	%	%			%	100%
Hair services, Children's N/A <input type="checkbox"/>	%	%			%	100%
Movie theater N/A <input type="checkbox"/>	%	%			%	100%
Auto maintenance (including oil change & tune up) N/A <input type="checkbox"/>	%	%			%	100%
Daycare N/A <input type="checkbox"/>	%	%			%	100%

If you reported purchasing products from catalogs, mail orders, the internet, export companies, or other sources, complete the following. Otherwise skip to Part IV. List your most important suppliers from the following sources:

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<input type="checkbox"/> Shopping/Food Preparation	

## PART V. RELATIVE USE OF GOODS AND SERVICES

1. Based on volume (not cost), approximate the proportion of the following goods used in preparing meals at home.

<u>FRUITS</u>		<u>VEGETABLES</u>		<u>MILK</u>		<u>MEATS/FISH</u>	
Fresh	____%	Fresh	____%	Fresh	____%	Beef/Veal	____%
Canned	____%	Canned	____%	Dried	____%	Pork	____%
<b>Total</b>	<b>100 %</b>	Frozen	____%	<b>Total</b>	<b>100 %</b>	Lamb	____%
		<b>Total</b>	<b>100 %</b>			Seafood	____%
						Poultry	____%
						<b>Total</b>	<b>100 %</b>

2. Estimate your family's use of transportation:

Personally owned vehicle	____%
Government transportation	____%
Taxi	____%
Municipal bus	____%
Subway/Commuter Train	____%
<b>Total</b>	<b>100%</b>

3. Estimate your family's use of meal facilities:

	Breakfast	Lunch	Dinner
Local Restaurant	____%	____%	____%
On-Base Restaurant	____%	____%	____%
Home	____%	____%	____%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

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